

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>214510602</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>THE MOUNT VERNON LADIES' ASSOCIATION OF THE UNION</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>DAVID J GOGAL BLANKINGSHIP &amp; KEITH 4020 UNIVERSITY DR STE 300  FAIRFAX, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>FAIRFAX CITY (FILED IN FAIRFAX COUNTY)</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>2/26/2014</b></p> <p>SCC ID NO: <b>00960385</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">CLASS</td> <td style="width: 50%; padding: 2px;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 3200 MOUNT VERNON MEM HWY</p> <p style="margin-left: 40px;">CITY/ST/ZIP: MOUNT VERNON, VA 22121</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: MARIBETH BORTHWICK  TITLE: DIRECTOR  ADDRESS: 1056 AMALFI DRIVE  CITY/ST/ZIP/CO: PACIFIC PALISADES, CA 90272 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARIBETH BORTHWICK TITLE: DIRECTOR ADDRESS: 1056 AMALFI DRIVE CITY/ST/ZIP/CO: PACIFIC PALISADES, CA 90272	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: CLARE EDWARDS  TITLE: DIRECTOR  ADDRESS: 825 PROSPECT AVENUE  CITY/ST/ZIP/CO: WEST HARTFORD, CT 06105 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CLARE EDWARDS TITLE: DIRECTOR ADDRESS: 825 PROSPECT AVENUE CITY/ST/ZIP/CO: WEST HARTFORD, CT 06105	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Barbara Lucas  TITLE: REGENT  ADDRESS: 6443 Cloister Gate Drive  CITY/ST/ZIP/CO: Baltimore , MD 21212 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Barbara Lucas TITLE: REGENT ADDRESS: 6443 Cloister Gate Drive CITY/ST/ZIP/CO: Baltimore , MD 21212	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Melody Richardson  TITLE: SECRETARY  ADDRESS: 16 Elmhurst Place  CITY/ST/ZIP/CO: Cincinnati, OH 45208 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Melody Richardson TITLE: SECRETARY ADDRESS: 16 Elmhurst Place CITY/ST/ZIP/CO: Cincinnati, OH 45208	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:	Susy Townsend	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	801 Center Mill Road		
CITY/ST/ZIP/CO:	Greenville, DE 19807		
NAME:	Boyce Ansley	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2505 Rivers Road, NW		
CITY/ST/ZIP/CO:	Atlanta, GA 30305		
NAME:	Alpha Blackburn	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7220 N. Illinois St		
CITY/ST/ZIP/CO:	Indianapolis, IN 46260		
NAME:	Sarah Coulson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1100 Barbary Road		
CITY/ST/ZIP/CO:	Bryn Mawr, PA 19010		
NAME:	Anne Crumpacker	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	02107 S.W. Greenwood Road		
CITY/ST/ZIP/CO:	Portland, OR 97219		
NAME:	Lucia Henderson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	The Chapel Hill Farm		
CITY/ST/ZIP/CO:	PO Box 797 Berryville, VA 22611		
NAME:	Bonnie Henke	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3449 S. Atlanta Place		
CITY/ST/ZIP/CO:	Tulsa, OK 74105		
NAME:	Betsy Holdsworth	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 Village Road		
CITY/ST/ZIP/CO:	Green Village, NJ 07935		
NAME:	Virginia Lane	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10 Gillon Street		
CITY/ST/ZIP/CO:	Charleston, SC 29401		
NAME:	Helen Laughery	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	503 Evergreen Road		
CITY/ST/ZIP/CO:	Rocky Mount, NC 27803		
NAME:	Liz Mauran	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	151 Power St		
CITY/ST/ZIP/CO:	Providence, RI 02906		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Cameron Mayer DIRECTOR 1726 Bordeaux St New Orleans, LA 70115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Cathy Mayton DIRECTOR 1911 Country Club Lane Little Rock, AR 72207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Meg Nichols DIRECTOR 571 York St York Harbor, ME 03911	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dede Petri DIRECTOR 3333 Prospect St, N.W. Washington, DC 20007	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Susan Reeder DIRECTOR 756 North Fifth Avenue Laurel, MS 39440	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Laura Rutherford DIRECTOR 213LeVert Avenue Mobile, AL 36607	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Andrea Sahin DIRECTOR 50 Brimmer Street Boston, MA 02108	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jean Sherrill DIRECTOR 191 Highwood Lane Winston-Salem, NC 27104	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Cate Waddell DIRECTOR 1111 Ashland Avenue Wilmette, IL 60091	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Melody Richardson		Melody Richardson, SECRETARY	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			